



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Background Check Central Unit
PO Box 45025, Olympia, Washington 98504-5025

CONFIDENTIALITY NOTICE

For authorized personnel only. If received in error, please contact the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov or (360) 902-0299. You are hereby notified that any improper use involving these documents including disclosure, copying, distribution or other action is strictly prohibited. This information and any attachments are protected under State and Federal law. This information is intended for use by the Requester ONLY.

January 18, 2006

«First_Name» «Mid_Name» «Last_name»

Date of Birth

Inquiry ID: «inquiry_Id»

Background Check Requester:

Based on information provided by the applicant, and available information from the Washington State Patrol (WSP), the Department of Corrections (DOC), the Department of Social and Health Services (DSHS), the Department of Health (DOH), and depending on program requirements, from other states, Background Check Central Unit (BCCU) has identified:

NO RECORD OF CONVICTIONS AND/OR OTHER NEGATIVE ACTIONS AGAINST THE APPLICANT

It is your responsibility to review this information thoroughly and to follow applicable program requirements to determine this applicant's suitability for employment. Please be aware that BCCU's ability to collect information about this applicant is limited by the accuracy of the information provided and information available as of this date.

You are required to:

1. Review the name and date of birth listed above. Report any errors in spelling to BCCU immediately at bccuinquiry@dshs.wa.gov or (360) 902-0299. Include the applicant's name and inquiry ID number listed above.
2. Review the information to determine this individual's character, competence and suitability to perform the specific assigned job duties. Your determination must be based on applicable law, current regulations, and program requirements.
3. Provide the applicant with a copy of this letter.
4. File this letter, any accompanying information, and the original authorization form in a secure location.

It is the applicant's responsibility to verify and update the information. If the applicant believes the information is incorrect:

1. Contact BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299. Please provide the applicant's name and inquiry ID number listed above.